



## HEALTH PLAN OPTIONS FOR THE ONE-OF-A-KIND YOU

Plan year: 1/1/2016 – 12/31/2016

**Together, all the way.®**



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

## You are one of a kind.

And at Cigna, we want to help you live that way. That's why we want to help you choose a health plan that will fit your unique needs – and ultimately keep you healthier.

This year, **Williamson County** offers you the following health plans:

### Option 1: Deductible Plan with Health Savings Account

### Option 2: Deductible Plan

You'll find that Cigna health plans offer so much more than coverage for basic medical needs. With all our plans, you'll be able to:

- Register on **myCigna.com** to view and receive important benefit information online, elect paperless explanation of benefits and quarterly health statements, and make more informed decisions about your health – all on a secure, personalized website.
- Compare procedure costs and quality ratings for doctors and hospitals on **myCigna.com**.
- Find quick, affordable care for a number of routine medical conditions at clinics located right where you shop.
- Understand your overall health and ways to protect or improve it by taking a free and confidential health assessment.
- Enjoy discounts on health-related products and services.
- You and your doctor can choose from an extensive list of covered brand and generic medications. And you can use one of the 62,000 pharmacies in our network – or Cigna Home Delivery Pharmacy<sup>SM</sup> for ultimate ease and convenience.

Whether your goal is to stay well, improve your health, or learn ways to better manage your health and health spending, your Cigna plan will help. That's because it's all about you – and giving you what you need to live a healthier life.

### Health care reform: Meeting the requirement

Coverage under this employer-sponsored plan will satisfy the health care reform requirement to maintain "minimum essential coverage" under the "individual mandate" provision of the Patient Protection and Affordable Care Act.

**The information in this brochure is provided as a guide only. Please make sure you read all your enrollment information. Plan details may vary. If you need help, call the Williamson County Benefits Department.**



**Call the pre-enrollment hotline at 800.401.4041 if you have more questions.**

### Enrollment checklist.

This is one of the most important decisions you'll make this year. These steps will help you choose wisely.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Think</b> about your health history and health care needs. How much do you spend, on average, for health care? How might that change in the upcoming year? | <input type="checkbox"/> <b>Review</b> your Summary of Benefits for specific plan benefit details.                                | <input type="checkbox"/> <b>Check</b> the drug list in the pharmacy plan section of <b>Cigna.com</b> to see if your medications are covered. |
|  | <input type="checkbox"/> <b>Check</b> the online directory on <b>Cigna.com</b> to see if your doctor participates in our network. | <input type="checkbox"/> <b>Complete</b> the HSA Bank Application before the health plan's start date.                                       |

## Understand your health plan options

### Options 1 and 2

#### Deductible Plan with Health Savings Account and Deductible Plan

These options pay for medical care, including visits to your doctor's office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy, and other services.

You're encouraged to select a primary care doctor, but you can see a specialist without a referral.

##### Important features:

- Both Option 1 and Option 2 plans are Open Access Plus.
- No referral is needed to see a specialist.
- 24-hour emergency care, in- or out-of-network.
- You're protected by an out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.

- No paperwork necessary when you receive care in-network.
- You always have the option of seeing any licensed doctor in or out of the Open Access Plus network; however, your cost will be lower if care is received inside the network.

You can view highlights of this plan on pages 8-9. Remember, this brochure is a guide only. Make sure you read all your enrollment information. Plan details may vary.

#### PLEASE READ – VERY IMPORTANT NOTICE

**Summary of Benefits and Coverage:** Plan participants or eligible members may access "The Summary of Benefits and Coverage" (SBC) by visiting the Williamson County Benefits website at [www.williamsoncounty-tn.gov/mybenefits](http://www.williamsoncounty-tn.gov/mybenefits) or contacting any of the staff in the Benefits Department to request a printed copy.

#### Pay Period Deductions Effective January 1, 2016

		COUNTY GOVERNMENT	BOARD OF EDUCATION		
	Monthly Cost	Per Pay Period 26 pays	Per Pay Period 20 pays*	Per Pay Period 22 pays*	Per Pay Period 24 pays**
OPTION 1 – DEDUCTIBLE PLAN WITH HEALTH SAVINGS ACCOUNT					
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$101.26	\$46.74	\$60.76	\$55.23	\$50.63
Family	\$193.32	\$89.22	\$115.99	\$105.45	\$96.66
Spousal Employee + 1	\$201.26	\$92.89	\$120.76	\$109.78	\$100.63
Spousal Family	\$293.32	\$135.38	\$175.99	\$159.99	\$146.66
OPTION 2 – DEDUCTIBLE PLAN					
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$164.52	\$75.93	\$98.71	\$89.74	\$82.26
Family	\$314.08	\$144.96	\$188.45	\$171.32	\$157.04
Spousal Employee + 1	\$264.52	\$122.09	\$158.71	\$144.28	\$132.26
Spousal Family	\$414.08	\$191.11	\$248.45	\$225.86	\$207.04

Per Pay Deductions are based on the monthly cost and the number of pay periods in a 12-month period

\* Classified Employees only  
\*\* All Educators and 12-month Classified

## Understand your health plan options

### Option 1

#### Understanding the features of the Deductible Plan with Health Savings Account

Your Deductible Plan with Health Savings Account combines a health plan with a compatible tax-advantaged health savings account. You can use your account to help pay for some of your covered health care costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan such as dental, vision and other over-the-counter costs.

You and your employer may contribute to your account, up to the current federal limit. The federal limits are \$3,350 for an Individual and \$6,750 for a Family in 2016. Employees who are age 55 may make an additional catch-up of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year.

With your health plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Only services covered by your health plan count toward your deductible.

Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered health care costs and your health plan pays the rest.

You can choose to pay for your share of the health care costs and your health plan's out-of-pocket maximum by using your Deductible Plan with Health Savings Account, other personal funds or both.

Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

You can take the account with you when you leave the health plan, change jobs or retire.

#### Key differences between the Deductible Plan with Health Savings Account and other plans:

- ▶ You and your employer may contribute to your account, up to the current federal limit.
- ▶ You decide how and when to use the money in your account. Pay for qualified expenses during the year, save it for future needs or open an investment account.
- ▶ Your savings account earns interest, tax-free.<sup>1</sup>
- ▶ You can take your account with you when you leave the plan, change jobs or retire.

#### Important features:

- ▶ Choose the doctors you want to see – no referral is needed to see a specialist.
- ▶ In-network preventive care services are covered at no additional cost to you.
- ▶ 24-hour emergency care, in- or out-of-network.
- ▶ You're protected by an out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays covered health care costs at 100%.
- ▶ Certain preventive generics are covered at no cost to you through Cigna Home Delivery.
- ▶ By completing your Wellness Physical Exam with your physician that includes biometric results and completing the Health Risk Assessment, you can earn additional funds to be added to your HSA for Employee (\$125) and for enrolled Spouse (\$125) for the year 2016. The Health Risk Assessment is available on **myCigna.com**.
- ▶ You may also enroll in the dependent care flexible spending account.
- ▶ You may not enroll in the medical flexible spending account, if enrolling in this plan.

You can view highlights of this plan on pages 9–11. Remember, this brochure is a guide only. Make sure you read all your enrollment information. Plan details may vary.



## Understand your health plan options

### Health Savings Account (HSA) employer contributions

For the plan year 2016, Williamson County will make an employer contribution into the HSA of each employee that is enrolled. Contributions for 2016 are a maximum of \$500 for employee only and a maximum of \$1,000 for Employee and 1 or Family enrollment.

The employer contribution deposit made into the HSA account for your 2016 enrollment will be made into your HSA in three equal deposits, based on your enrollment date and coverage type in the Deductible Plan with the Health Savings Account for that quarter.

Contributions will be made the first payroll of the month indicated below				
Deposit Dates:	January 2016 1st Contribution	May 2016 2nd Contribution	September 2016 3rd Contribution	Maximum Yearly Contribution
<b>WILLIAMSON COUNTY GOVERNMENT</b>				
Employee Only	\$166.66	\$166.67	\$166.67	= \$500
Employee + 1 or family	\$333.33	\$333.33	\$333.34	= \$1,000
<b>BOARD OF EDUCATION</b>				
Employee Only	\$166.66	\$166.67	\$166.67	= \$500
Employee + 1 or family	\$333.33	\$333.33	\$333.34	= \$1,000



## Understand your health plan options

### Option 2

#### Understanding the features of the Deductible Plan

This option provides coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy and other services.

You have the option to see any licensed health care professional; however, your costs will be lowest when you use a network provider.

With the "Deductible Plan," you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered health care costs and the health plan pays the rest.

Medical: Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

Pharmacy: Once you reach an annual limit on your payments (pharmacy out-of-pocket maximum), pharmacy will be covered at 100%.

##### Important features:

- No referral is needed to see a specialist.
- In-network preventive care services are covered at no additional cost to you.
- 24-hour emergency care, in- or out-of-network.
- You're protected by an out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
- No paperwork necessary when you receive care in-network.
- You may enroll in the medical flexible spending account.
- You may enroll in the dependent care flexible spending account.

You can view highlights of this plan on pages 9-11. Remember, this brochure is a guide only. Make sure you read all your enrollment information. Plan details may vary.

#### Option 2 – How the deductible works for you:

After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level by the plan.

#### Option 2 – How the out-of-pocket works for you:

After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

#### Flexible spending account

##### Save money to pay for some of your health expenses

You can choose to sign up for a health care flexible spending account (FSA) even if you don't participate in your employer's (or any other) health plan. You will pay less in income taxes and save money to pay for some of your health expenses. If you choose the Deductible Plan, you can use your FSA to pay for your share of office visits and hospital costs, dental treatment, glasses and prescriptions. You will now be able to carry up to \$500 of unused funds over into the next year for your medical flexible spending account (FSA). This will allow you to maximize savings and minimize financial risk.

Medical FSA maximum contribution for 2016 – \$2,500 (if you are enrolling in the Deductible Plan with Health Savings Account, you may not enroll in the medical FSA).

Dependent care FSA maximum contribution for 2016 – \$5,000

## Get smarter about ways to stay healthy

With Cigna, you'll have more control over your health care than ever before. And we'll be here to help you understand your options and ultimately choose the care that best fits your family's needs – and budget.

## Here are a few ways you can save on out-of-pocket health care expenses

### Use the Cigna network

Using doctors, hospitals and facilities that participate in the Cigna network can save you money. "In-network" services apply to all health care services, including doctors and hospitals, as well as outpatient testing, and treatment surgery centers that are participating in the Cigna network. In addition, doctors who have earned the Cigna Care Network® designation by meeting stringent quality and cost criteria may offer additional value and savings.

### Urgent care

Emergency rooms (ERs) provide immediate specialized care to people with serious, often life-threatening issues. However, many people use the emergency room (ER) for conditions that are much less serious. Using an urgent care center or your doctor's office instead of an ER can save you time and money and provides the same quality of care as an ER. If you need care and are not sure if you need to go to the ER, call your doctor.

### Convenience care or retail clinics

Convenience care clinics provide quick and easy access to high quality treatment for common medical conditions when you cannot get an immediate appointment with your doctor. These clinics are located in department stores, grocery stores and pharmacies, and are often open nights and weekends. When your doctor is not available, you can save time and money by using a convenience care clinic for minor or routine conditions, instead of going to an ER or urgent care center.

### Biometric screenings

Biometric screenings are available at convenience care or retail clinics. You may also use numbers provided by your primary care physician when you have your annual physical exam. The information you will need to provide when taking the Health Risk Assessment for the year 2016 is as follows:

- Height
- Total Cholesterol
- Weight/Pounds
- LDL Cholesterol
- Blood Pressure: Systolic/Diastolic
- Body Mass Index
- Glucose

### Laboratory and pathology tests

Two of the nation's largest and most prominent laboratories, Quest Diagnostics, Inc. (Quest) and Laboratory Corporation of America (LabCorp), participate in the Cigna network. Services at these labs can cost less and offer the same or better quality than hospital laboratories. When you need lab services, discuss these options with your doctor. Find out more on their websites:

**Quest:** [questdiagnostics.com](http://questdiagnostics.com)

**LabCorp:** [labcorp.com](http://labcorp.com)

### Radiology services (MRI, CT or PET scan)

If you need to have an MRI, CT or PET scan, you can save hundreds of dollars by using an independent radiology center. While Cigna contracts with all types of facilities that provide radiology services, using independent radiology centers will save you money, without any difference in quality. Discuss location options with your doctor.

### Colonoscopy, endoscopy or arthroscopy

When a doctor recommends a colonoscopy, GI endoscopy or arthroscopy, make sure you know your options. Using a freestanding outpatient surgery center for these procedures instead of a hospital can often save hundreds of dollars, while maintaining the same high quality. Talk with your doctor about your options.



### myCigna.com

Cigna customer service and **myCigna.com** are available to help you find your option, 24 hours a day, 7 days a week.

## Get smarter about ways to stay healthy

### Prescription drug coverage

Choosing the medication that's right for you should be up to you and your doctor. Our prescription drug plans offer an extensive list of covered brand and generic medications – they allow you to choose the “right” one based on how well it works and how much it costs.

Choosing where to fill your medication should be easy, too. With more than 62,000 pharmacies and Cigna Home Delivery Pharmacy in our network, you will have convenient access to your medications – whether you pick them up or have them delivered to your home.

To help you stay healthy and manage the prescription medications you and your family need, you'll have access to many online resources and tools on **myCigna.com**. You can:

- Review your specific pharmacy coverage details including your complete, covered prescription drug list.
- Track your pharmacy expenses and claims.
- Use our award-winning Prescription Drug Price Quote tool to compare real-time drug pricing specific to your plan. It helps you learn the actual amount you will pay for a specific medication and lower-cost alternatives at the pharmacies of your choice.
- Learn more about Cigna Home Delivery Pharmacy. You can order refills, track your order shipments and talk with your pharmacist at any time.

Your plan covers contraceptives, which include some selected products at no cost to you.

### Health assessment

#### Get to know your health

Understanding your health can be the first step toward improvement, and a health assessment is a great way to get started. Your answers to this easy-to-complete questionnaire about your health and well-being will be used to create a personalized report with details about your most important health issues. The report includes suggestions for health screenings and information about wellness and other health programs. You'll also get health information for your personal situation. Based on your responses, you may receive an invitation to participate in an online coaching program.

The Health Risk Assessment is available on **myCigna.com**.

### Flexible spending account

#### Save money to pay for some of your health expenses

You can choose to sign up for a health care flexible spending account (FSA) even if you don't participate in your employer's (or any other) health plan. You will pay less in income taxes and save money to pay for some of your health expenses.

Medical FSA maximum contribution for 2016 – \$2,500. (if you are enrolling in the Deductible Plan with Health Savings Account, you may not enroll in the medical FSA.)

Dependent care FSA maximum contribution for 2016 – \$5,000.

### Lifestyle management programs

#### The support you need to change your life

If weight, tobacco or stress is affecting your health or your ability to live an active life, it may be time to make some changes. A health coach can provide you with personalized coaching to help you:

- Learn to manage your weight using a non-diet approach that helps you build confidence, change habits, eat healthier and become more active.
- Develop a personal quit plan to become and remain tobacco-free.
- Understand the sources of your stress, and learn to use coping techniques to better manage stress both on and off the job.

Use an online or telephone coaching program – or both – for the support you need.

### Cigna Home Delivery

Convenient delivery of your maintenance medications directly to your home or preferred location. Save money and valuable time by ordering up to a 90-day supply with refills of your maintenance medications. Easy refill – up to 90-day supply means fewer refills. Fast answers from a Cigna pharmacist 24/7. Cigna Home Delivery: **800.285.4812**. Specialty medications are available through Cigna Home Delivery – Specialty Pharmacy Program: **800.351.3606**.

## Review your plan options

### Option 1

### Option 2

	Deductible Plan with Health Savings Account		Deductible Plan	
	MEDICAL PLAN HIGHLIGHTS			
	Employee	Family	Employee	Family
Medical deductible –				
In-network	\$1,300	\$2,600	\$550	\$1,375
Out-of-network	\$2,600	\$5,200	\$1,250	\$ 3,125
Total contribution to HSA from employer	\$500	\$1,000	\$0	\$0
Completion of biometric screening and health risk assessment	\$125	\$125 (Spouse only)	\$0	\$0
Out-of-pocket maximum				
In-network	\$2,600	\$5,200	\$2,500	\$5,000
Out-of-network	\$5,200	\$10,400	Unlimited	Unlimited

PRESCRIPTION MEDICATION HIGHLIGHTS				
	Retail (30-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Home Delivery (90-day supply)
Pharmacy deductible	Combined with plan's medical deductible	Combined with plan's medical deductible	Not applicable	Not applicable
Generic	30%*	30%*	\$15	\$15
Cigna preferred brand	40%*	40%*	\$30 or 40%, max \$100	\$50
Non-preferred brand	50%*	50%*	\$45 or 50%, max \$150	\$85
Out-of-pocket maximum	Combined with the plan's medical out-of-pocket	Combined with the plan's medical out-of-pocket	\$4,000	\$8,000
Preventive drugs at no cost for GENERIC: high blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency	Not available	No charge	Not available	Not available

\*After you meet your plan deductible

## Review your plan options

### Words to know:

**Deductible:** An annual amount you will pay before your health plan begins to pay for covered health care costs.

**Copay:** A preset amount you pay for your covered health care services. The health plan pays the rest.

**Coinsurance:** Your share of the cost of your covered health care services. The health plan pays the rest.

**Out-of-pocket maximum:** The most you pay before the health plan begins to pay 100% of covered charges. You will still need to pay for any expenses the health plan doesn't count toward the limit.

**In-network:** Health care professionals and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**Out-of-network:** A health care professional or facility that doesn't participate in Cigna's network and doesn't provide services at a discounted rate. Using an **out-of-network** health care professional or facility will cost you more.

**Generics:** Generic medications have the same active ingredients, safety, dosage, quality and strength as their brand-name counterparts. You will usually pay less for generic medications under your plan.

**Cigna preferred brands:** Preferred brand medications will usually cost more than a generic, but may cost less than a non-preferred brand on your plan.

**Cigna non-preferred brands:** Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for non-preferred brand medications on your plan.



## Review your plan options

### Option 1

### Option 2

	Deductible Plan with Health Savings Account		Deductible Plan	
OFFICE/ROUTINE CARE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult preventive care	No charge	50%*	No charge	50%*
Office visit	10%*	50%*	10%*	50%*
Specialist visit	10%*	50%*	10%*	50%*
Prenatal care	10%*	50%*	10%*	50%*
Chiropractic	10%* after deductible, limit 10 days/ calendar year	50%* after deductible, limit 10 days/ calendar year	10%* after deductible, limit 10 days/ calendar year	50%* after deductible, limit 10 days/ calendar year
Physical, occupational and speech therapy	10%*	50%*	10%*	50%*
Well-child care	No charge	50%*	No charge	50%*
Lab, X-ray, diagnostic tests	10%*	50%*	10%*	50%*
Durable medical equipment	10%*	50%*	10%*	50%*
Hospice care	10%*	50%*	10%*	50%*
HOSPITAL CARE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE				
Inpatient hospital	10%*	50%*	10%*	50%*
Outpatient surgery	10%*	50%*	10%*	50%*
Emergency room	10%*	10%*	\$155 copay, then 10%* after plan deductible	\$155 copay, then 10%* after plan deductible
Urgent care center	10%*	50%*	10%*	50%*
Ambulance	10%*	50%*	10%*	50%*
MENTAL HEALTH AND SUBSTANCE ABUSE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE				
Inpatient (Unlimited day maximum)	10%*	50%*	10%*	50%*
Outpatient	10%*	50%*	10%*	50%*

\*After you meet your plan deductible

## Make sure you read this important information

### Deductible Plan with Health Savings Account:

- › You can contribute pretax dollars to build your balance up to a calendar year maximum of \$3,350 for an individual and \$6,750 for a family in 2016.
- › Limits are set by the IRS. Employees who reach age 55 may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year.
- › Please ask your benefits manager for details on when the contribution from your employer would be available in your account.

### What's not covered\*

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer's benefit plan, unless required by law:

- › Services provided through government programs
- › Services that aren't medically necessary
- › Experimental, investigational or unproven services
- › Services for an injury or illness that occurs while working for pay or profit, including services covered by workers' compensation benefits
- › Cosmetic services
- › Dental care, unless due to accidental injury to sound natural teeth
- › Reversal of sterilization procedures
- › Genetic screenings
- › Nonprescription and antiobesity drugs
- › Custodial and other non-skilled services
- › Weight-loss programs
- › Hearing aids
- › Treatment of sexual dysfunction
- › Travel immunizations
- › Telephone, email and Internet consultations in the absence of a specific benefit
- › Treatment of TMJ Disorder
- › Acupuncture
- › Infertility services
- › Obesity surgery and services
- › Eyeglass lenses and frames, contact lenses and surgical vision correction

These services may not be covered under your medical plan, but you can pay for them using your health account.

\* For a complete list of both covered and non-covered services, including benefits required by your state, please see your employer's insurance certificates or summary plan description – the official plan document.

### Connect with MDLIVE and connect with a doctor anytime, from anywhere.

MDLIVE connects you to a board-certified doctor by phone or online video chat – anytime, from anywhere. Doctors are available 24/7/365. They can help you with minor conditions, from acne and allergies to pink eye and ear infections. They can also prescribe medications if needed. With MDLIVE, the doctor is always in.



1. Call **888.726.3171**
2. Speak with a coordinator
3. Talk with the doctor



1. Go to **[www.mdlive.com/williamson](http://www.mdlive.com/williamson)**
2. Find a doctor
3. Video chat with the doctor



Use email to stay in touch after your appointment.

## Important notice: special enrollment requirements

Here is important information you should read before you enroll. If you have any questions about this information, please contact your benefits manager.

### If you are declining enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan, if:

- ▶ You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward you or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage, or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

To request special enrollment or obtain more information, contact customer service at **800.CIGNA24 (800.244.6224)**.

### Other late entrants

If you decide not to enroll in this plan as a new hire, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your benefit plan. Please contact your benefits manager for more information.

### Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- ▶ All stages of reconstruction of the breast on which the mastectomy was performed;
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- ▶ Prostheses; and
- ▶ Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in your benefit plan documents. If you would like more information on WHCRA benefits, call customer service at **800.CIGNA24 (800.244.6224)**.

### Protecting your confidentiality

#### Protection of your confidential information

Cigna is committed to maintaining the confidentiality of our customers' health information. We have established policies and safeguards to protect oral, written and electronic information across our organization.

#### Information about Cigna privacy practices

Our Notice of Privacy Practices is distributed at enrollment to all customers covered under a medical insurance policy. Customers covered under self-insured medical plans will receive notices from their employers and can obtain a copy of the Cigna notice by calling customer service.

#### Release of confidential information

We will not use or disclose your confidential information without your written authorization for any purpose other than the purposes permitted by the HIPAA Privacy Rule. For example, we will not supply confidential information to another company for its marketing purposes or to a potential employer with whom you are seeking employment unless you authorize it.

## Access to your medical records

You may ask to inspect or to obtain a copy of your confidential information that is included in certain records we maintain. We may charge you copying and mailing costs. Under limited circumstances, we may deny you access to a portion of your records. Instructions on how to obtain a copy of your records will be included in the Notice of Privacy Practices you receive from Cigna or your employer after you enroll.

## Information to employers

We may disclose your confidential information to your employer or to a company acting on your employer's behalf so that it can monitor, audit and otherwise administer the health benefit plan in which you participate. Your employer is not permitted to use the confidential information we disclose for any purpose other than administering your health benefit plan.

# myCigna.com – designed to click with you

Let **myCigna.com** connect you to better health and wellness. Whether your goal is to keep better track of your health plan spending or to find new ways to get back to better health, **myCigna.com** can help. That's because it's been designed with one person in mind. You.

## Understand health costs

Using simple graphics, our account balance trackers show you what you've spent and how much you have left. You'll see a general overview of your financial information, with the option to learn more about specific details. You can also find costs and details for common medical procedures, based on average costs in your area.

## Find a doctor

Search for doctors or health facilities on **myCigna.com**, and you'll immediately get the information you need to make the right decisions for you and your family. You'll also get quality distinctions and cost-efficiency ratings of doctors with every result.

## Sign up for paperless statements

When you use your health plan, your explanation of benefits (EOB) shows you what's covered, what you owe and more. Elect to go paperless and you'll get an email alert whenever a new EOB or quarterly health statement is ready on **myCigna** or your **myCigna App**.

## Get support

From losing weight to reducing stress, you can connect to health improvement plans customized just for you. And as your needs change, your health improvement plan will change with them. So we're always focused on what's most important to you.

## Understand your health

Find tools to help you find and choose quality, affordable care and learn new ways to take better care of yourself and your family.

And now, you can take **myCigna.com** with you wherever you go. Our mobile app\* helps you get better control of your health, so you can get more out of life.

1. Account contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. The following states do not allow pretax treatment of contributions or earnings: Alabama, California, New Hampshire and New Jersey.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If you need more assistance, talk with your human resources representative.

\* Standard mobile phone carrier and data usage charges apply. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the app and the online stores from which it is downloaded. The myCigna Mobile App is available to any current Cigna customer who has been provided user access to myCigna.com. Actual features may vary based on your plan and your individual security profile.

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